P/3426-21

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of

Carl L. C. Kah, Jr., et al.   Date: May 19, 2005

Serial No.: 10/015,588   Group Art Unit: 3752

Filed: December 17, 2001   Examiner: HWU, Davis. D.

For: **ROTARY DRIVE SPRINKLER WITH FLOW CONTROL AND SHUT OFF**

Commissioner for Patents
P.O. Box 1450   **VIA FACSIMILE (703) 746-4592**
Alexandria, VA 22313-1450

AMENDMENT

In response to the Office Action mailed March 14, 2004, please reconsider the above-identified application amended as follows:

FEE CALCULATION

√ No Additional Fee is Required

Any additional fee required has been calculated as follows:

√ If checked, "Small Entity" status is claimed.

NO. OF CLAIMS	PER THIS RESPONSE	PREVIOUSLY PAID FOR	ADD'L CLAIMS	RATE	AMOUNT DUE
TOTAL	66 MINUS	66 * =	0	X ($25 SE or $50)	$
INDEP.	9 MINUS	9 ** =	0	X ($100 SE or $200)	$
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				X ($180 SE or $360)	$
* not less than 20 ** not less than 3				TOTAL	$ -0-

_____ If any additional payment is required, a check which includes the calculated fee of $____ (OFGS Check No. _____) is attached.

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_____   Please charge the above calculated fee to our Deposit Account No. 15-0700.

In the event the actual fee is greater than the payment submitted or is inadvertently not enclosed or if any additional fee during the prosecution of this application is not paid, the Patent Office is authorized to charge the underpayment to Deposit Account No. 15-0700.

CONTINGENT EXTENSION REQUEST

If this communication is filed after the shortened statutory time period had elapsed and no separate Petition is enclosed, the Commissioner of Patents and Trademarks is petitioned, under 37 C.F.R. §1.136(a), to extend the time for filing a response to the outstanding Office Action by the number of months which will avoid abandonment under 37 C.F.R. §1.135. The fee under 37 C.F.R. § 1.17 should be charged to our Deposit Account No. 15-0700.

AMENDMENTS

__ If checked, amendment(s) to the specification are submitted herewith.

__ If checked, an amended abstract is submitted herewith.

XX If checked, amendment(s) to the claims are submitted herewith.

__ If checked, amendment(s) to the drawings are submitted herewith.

Application or Docket Number
10015588

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS	34	
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	34 minus 20=	* 14
INDEPENDENT CLAIMS	6 minus 3 =	* 3
MULTIPLE DEPENDENT CLAIM PRESENT		☐

SMALL ENTITY TYPE ☐		OR	OTHER THAN SMALL ENTITY	
RATE	FEE	OR	RATE	FEE
BASIC FEE	370.00	OR	BASIC FEE	740.00
X$ 9=	126	OR	X$18=	
X42=	126	OR	X84=	
+140=		OR	+280=	
TOTAL	622	OR	TOTAL	

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

AMENDMENT A

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 60	Minus	** 34	= 26
Independent	* 8	Minus	*** 6	= 2
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=	234	OR	X$18=	
X42=	86	OR	X84=	
+140=.		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

AMENDMENT B

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	* 66	Minus	** 66	= —
Independent	* 9	Minus	*** 8	= 1
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42= 100	130	OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

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AMENDMENT C

	(Column 1) CLAIMS REMAINING AFTER AMENDMENT		(Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA
Total	*	Minus	**	=
Independent	*	Minus	***	=:
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				☐

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDITIONAL FEE		RATE	ADDITIONAL FEE
X$ 9=		OR	X$18=	
X42=		OR	X84=	
+140=		OR	+280=	
TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.